

**FEEDING A CROWD REGISTRATION FORM**  
(4-hour sanitation class for non-profit groups)

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Class \_\_\_\_\_ Location of Class \_\_\_\_\_

Names of People Attending Class

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____